| 2100 INTERNAL TRANSFE | | | * 11 <i>11-</i> 0 | |
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| | | | 3,315 | |
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| | REASON(S): | | and the second s | |
| FORWARD TO: | A. You had parent | (check bax) | | |
| A. Art Unit: | B. See Title | (check box) | | |
| 3. Class: 707 | C. See Abstract | (check box) | · · | |
| 5. Subclass: 513 | D. See Claim(s): | | | |
| FURTHER EXPLANATION IF NI Web Site creat | EDED. ion (w/translat | red web sites) | | |
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| The state of the s | | | | |
| DATE: 05/6/67 | FROM: hm | Mujn | (print name) | |
| 1 1 | REASON(S): | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| FORWARD TO: | A. You had parent | (check box) | | |
| A. Art Unit: 215% | B. See Title | (check box) | n A n Feiir | |
| B. Class 709 | C. See Abstract | (check box) | • | |
| C. Subclass | D. See Claim(s): | | | |
| FURTHER EXPLANATION IF N | IEEDED: | | | |
| Manage 'changed - | LEZONGE OF | · . | | |
| | | | (print name) | |
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| DATE: FORWARD TO CLASSIFIER | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): | (check box) | | |
| DATE: | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): | (check box) | | |
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| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): NEEDED: | (check box) | | |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF DISPOSITION BY 2100 CLASSIFIER | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): NEEDED: | (check box) | | |
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| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF DISPOSITION BY 2100 CLAST DATE: | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): NEEDED: SSIFICATION CLASSIFIER: | (check box) (check box) | (print name) | |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF DISPOSITION BY 2100 CLAST DATE: FORWARD TO: | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): NEEDED: SSIFICATION CLASSIFIER: REASON(S): | (check box) (check box) | (print name) | |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF DISPOSITION BY 2100 CLAST DATE: | FROM: REASON(S): A. You had parent B. See Title C. See Abstract D. See Claim(s): NEEDED: SSIFICATION CLASSIFIER: REASON(S): A. You had parent | (check box) (check box) (check box) | (print name) | |

FURTHER EXPLANATION IF NEEDED: